

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	7634	06-19-00
O.I.P.E. CLASSIFIER		10	4/17
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		59158	6-9-2000

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9/17/03
2	12/21/03
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	N
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	N
23	N
24	N
25	✓
26	N
27	N
28	N
29	N
30	N
31	N
32	N
33	N
34	N
35	✓
36	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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